

SERFF Tracking Number:	DDAR-127690834	State:	Arkansas
Filing Company:	Delta Dental of Arkansas	State Tracking Number:	49952
Company Tracking Number:	WS-DDAR-SOB-12		
TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	WS-DDAR-SOB-12		
Project Name/Number:	WS-DDAR-SOB-12/		

Filing at a Glance

Company: Delta Dental of Arkansas
Product Name: WS-DDAR-SOB-12
TOI: H10G Group Health - Dental
Sub-TOI: H10G.000 Health - Dental
Filing Type: Form

SERFF Tr Num: DDAR-127690834 State: Arkansas
SERFF Status: Closed-Approved State Tr Num: 49952
Co Tr Num: WS-DDAR-SOB-12 State Status: Approved-Closed
Reviewer(s): Donna Lambert
Author: Sara Farris Disposition Date: 12/05/2011
Date Submitted: 10/05/2011 Disposition Status: Approved
Implementation Date: 01/05/2012

Implementation Date Requested:
State Filing Description:

General Information

Project Name: WS-DDAR-SOB-12
Project Number:
Requested Filing Mode:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments: We have corrected the group name.
Market Type:
Overall Rate Impact:

Explanation for Combination/Other:
Submission Type:
Filing Status Changed: 12/05/2011
State Status Changed: 12/05/2011
Created By: Sara Farris
Corresponding Filing Tracking Number:
Filing Description:

Deemer Date:
Submitted By: Sara Farris

This is the first of four Schedules of Benefits I am filing for a large new client. This Schedule of Benefits is for the high plan.

Company and Contact

Filing Contact Information

Sara Farris,
1513 Country Club
Sherwood, AR 72120

sfarris@ddpar.com
501-992-1662 [Phone]
501-992-1663 [FAX]

Filing Company Information

Delta Dental of Arkansas

CoCode: 47155

State of Domicile: Arkansas

<i>SERFF Tracking Number:</i>	<i>DDAR-127690834</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>WS-DDAR-SOB-12</i>		
<i>Project Name/Number:</i>	<i>WS-DDAR-SOB-12/</i>		
1513 Country Club Rd.	Group Code:	Company Type:	
Sherwood, AR 72120	Group Name:	State ID Number:	
(501) 992-1662 ext. [Phone]	FEIN Number: 71-0561140		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$0.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Delta Dental of Arkansas	\$50.00	10/05/2011	52503731

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Product Name: WS-DDAR-SOB-12

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	12/05/2011	12/05/2011
Approved	Donna Lambert	10/12/2011	10/12/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	WS-DDAR-SOB-12	Sara Farris	12/05/2011	12/05/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Description for WS-DDAR-SOB-12	Note To Reviewer	Sara Farris	10/05/2011	10/05/2011

SERFF Tracking Number: DDAR-127690834

State: Arkansas

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Project Name/Number: WS-DDAR-SOB-12/

Disposition

Disposition Date: 12/05/2011

Implementation Date: 01/05/2012

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>DDAR-127690834</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>WS-DDAR-SOB-12</i>		
<i>Project Name/Number:</i>	<i>WS-DDAR-SOB-12/</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Form	WS-DDAR-SOB-12	Replaced	Yes
Form	WS-DDAR-SOB-12	Approved	Yes

SERFF Tracking Number: DDAR-127690834

State: Arkansas

Filing Company: Delta Dental of Arkansas

State Tracking Number: 49952

Company Tracking Number: WS-DDAR-SOB-12

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Product Name: WS-DDAR-SOB-12

Project Name/Number: WS-DDAR-SOB-12/

Disposition

Disposition Date: 10/12/2011

Implementation Date: 11/14/2011

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>DDAR-127690834</i>	<i>State:</i>	<i>Arkansas</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Form	WS-DDAR-SOB-12	Replaced	Yes
Form	WS-DDAR-SOB-12	Approved	Yes

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Amendment Letter

Submitted Date: 12/05/2011

Comments:

We corrected the group name.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
WS-DDAR-SOB-12(2)	Schedule Pages	WS-DDAR-SOB-12	Revised				0.000	WS-DDAR-SOB-12 (2).pdf

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Product Name: WS-DDAR-SOB-12

Project Name/Number: WS-DDAR-SOB-12/

Note To Reviewer

Created By:

Sara Farris on 10/05/2011 04:16 PM

Last Edited By:

Donna Lambert

Submitted On:

12/05/2011 08:53 AM

Subject:

Filing Description for WS-DDAR-SOB-12

Comments:

I made an error in my filing description. This Schedule of Benefits is for the low plan for active employees and retirees.

<i>SERFF Tracking Number:</i>	<i>DDAR-127690834</i>	<i>State:</i>	<i>Arkansas</i>
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Post Submission Update Request Processed On 12/02/2011

Status:	Allowed
Created By:	Sara Farris
Processed By:	Donna Lambert
Comments:	

General Information:

Field Name	Requested Change	Prior Value
Domicile Status Comments	We have corrected the group name.	

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Replaced 12/05/2011	WS-DDAR-SOB-12	Schedule Pages	WS-DDAR-SOB-12	Initial		0.000	WS-DDAR-SOB-12.pdf
Approved 12/05/2011	WS-DDAR-SOB-12(2)	Schedule Pages	WS-DDAR-SOB-12	Revised	Replaced Form #: Previous Filing #:	0.000	WS-DDAR-SOB-12 (2).pdf

Delta Dental PPO Plus Premier

Schedule of Benefits for Windstream Communications – Low Plan

Original Effective Date: January 1, 2012 12:01 a.m. Central Standard Time,

Group Number: 9618

Annual Deductible: \$50 for benefits received in

- Coverage B
- Coverage C

With a maximum of \$150 per family per benefit period. There is no deductible on Coverage A.

Carry Forward Deductible: If a charge is incurred for a covered service during the last three (3) months of any calendar year and is applied to the deductible for that year, such charge will also be applied to the deductible for the next calendar year.

Annual Maximum Payment:

- **In Network:** \$750 per person per benefit period
- **Out of Network:** \$750 per person per benefit period

Benefit period: A benefit period for each eligible participant shall mean a calendar year, the period from January 1st to December 31st of each year.

Coverages and Maximum Plan Allowances (MPA)

Coverage A – Diagnostic and Preventative Services

In Network 80% MPA
Out of Network 80% MPA

- Routine periodic examinations not more than two (2) in any benefit period, inclusive of an initial oral examination.
- Bitewing x-rays two (2) sets of four (4) films in benefit period.
- Intraoral-periapical and extraoral x-rays.
- Full-mouth x-rays one (1) in any thirty six (36) consecutive month period.
- Prophylaxis (cleaning) not more than two (2) in any benefit period.* **Please see information on Evidence Based Dentistry.**
- Topical application of fluoride two (2) per benefit period.
- Space maintainers for prematurely lost teeth of eligible dependent children to age nineteen (19).
- Minor emergency treatment for the relief of pain as needed by the participant once on the same date and only payable in conjunction with x-rays and /or diagnostic procedures.

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

Coverage B – Basic Restorative Services

In Network 50% MPA
Out of Network 50% MPA

- Sealants once per tooth on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface for dependent children to age nineteen (19), limited to two (2) times per tooth every sixty (60) months.
- Amalgam (silver) and composite/resin (white) fillings.
- Sedative fillings.
- Simple extractions.
- Oral surgery, including pre- and post-operative care and surgical extractions.
- Consultations, but not more than two (2) in a twelve (12) month period.
- Root canal treatment is limited to once in any twenty four (24) month period for the same tooth.
- Pulp capping (excluding final restoration) and therapeutic pulpotomy (excluding final restoration).
- Pulp therapy and apexification/recalcification.
- Surgical periodontics, including gingivectomy, gingivoplasty, gingival curettage and osseous surgery, but no more than one (1) surgical procedure per quadrant in any three (3) year period.
- Non-surgical periodontics. Periodontal scaling and root planing are limited to not more than once per quadrant in any twenty four (24) month period.
- Periodontal maintenance; limited to four (4) per benefit period, less the number of teeth cleanings received during the benefit period, following active periodontal treatment. *** Please see information on Evidence Based Dentistry.**
- General anesthesia or intravenous sedation in connection with oral surgery and all extractions. Coverage will also be considered when oral surgery procedures are not performed if the patient has a medically compromising condition.
- Injections of therapeutic drugs.
- Complete or partial denture reline, including chair side or laboratory procedures to improve the fit of the appliance to the tissue, if at least six (6) months have passed since the installation of the existing removable denture; and not more than once in any thirty six (36) month period.
- Complete or partial denture rebase, including laboratory replacement of the acrylic base of the appliance if at least six (6) months have passed since the installation of the existing removable denture; and not more than once in any thirty six (36) month period.
- Recementing of crowns, inlays, onlays or dentures.
- Adjustments of dentures, if at least six (6) months have passed since the installation of the denture.
- Simple repairs of crowns, inlays, onlays or dentures.

Coverage C – Major Restorative Services

In Network 50% MPA
Out of Network 50% MPA

- Initial installation of full, partial or fixed dentures or implants when needed to replace congenitally missing teeth or when needed to replace natural teeth that are lost while the person receiving such benefits was insured for dental insurance under this certificate.
- Replacement of a non-serviceable denture if such denture was installed more than sixty (60) months prior to replacement.
- Replacement of an immediate, temporary, full denture with a permanent, full denture, if the immediate temporary, full denture cannot be made permanent and such replacement is done within 12 months of the installation of the immediate, temporary, full denture.
- Initial installation of crowns, inlays, onlays and labial veneers.
- Replacement of any crowns, inlays, onlays with the same or a different type of restoration.

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- Prefabricated stainless steel crown or prefabricated resin crown.
- Core buildup.
- Posts and cores.
- Implants, but not more than once for the same tooth position in a sixty (60) month period.
- Repair of implants, but not more than once in a twelve (12) month period.
- Implant supported prosthetics, but no more than once for the same tooth position in a sixty (60) month period.
- Tissue conditioning once in a thirty six (36) month period.
- Non-surgical treatment of temporomandibular joint (TMJ) disorders. Services include appliance and x-rays related to the treatment and diagnosis of TMJ.

(*) Evidence Based Dentistry: DDAR covers additional routine cleanings or periodontal maintenance procedures up to four per benefit period for covered members with diabetes, heart disease, who are pregnant or have a history of periodontal disease. The additional benefits may not be combined by those with more than one of the above conditions.

Questions? Contact Delta Dental's Customer Service Department at (800) 462-5410.

Delta Dental's network of participating providers may be found on our website at www.deltadental.com

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Delta Dental PPO Plus Premier

Schedule of Benefits for Windstream Corporation – Low Plan

Original Effective Date: January 1, 2012 12:01 a.m. Central Standard Time,

Group Number: 9618

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- Coverage B
- Coverage C

With a maximum of \$150 per family per benefit period. There is no deductible on Coverage A.

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Supporting Document Schedules

		Item Status:	Status
			Date:
Bypassed - Item:	Flesch Certification	Approved	10/12/2011
Bypass Reason:	n/a		
Comments:			

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved	10/12/2011
Bypass Reason:	n/a		
Comments:			